

## NURSING FACILITY TRANSITION NOTICE FIELD DEFINITIONS

A completed Nursing Facility Transition (NFT) Notice must be submitted to MDCH as soon as a nursing facility resident decides to work with a waiver or CIL transition agent. Following is an explanation of all fields in the notice. All fields must be completed.

<b><i>NFT Notice Field</i></b>	<b><i>DESCRIPTION</i></b>
<b><u>Transition Agent Information:</u></b>	
<b>Agency</b>	The name of the agency facilitating the NFT.
<b>Today's Date</b>	The date the Transition Notice was completed.
<b>Contact's Name</b>	The name of the person MDCH should contact for this transition.
<b>Contact's Phone</b>	The phone number of the person MDCH should contact for this transition.
<b>Contact's Email</b>	The email address of the person MDCH should contact for this transition.
<b><u>Transitionee Information:</u></b>	
<b>Last Name</b>	The last name of the NFT participant.
<b>First Name</b>	The first name of the NFT participant.
<b>Date of Birth</b>	The NFT participant's date of birth
<b>Medicaid I.D. #</b>	The NFT participant's ten-digit Medicaid Recipient ID number.
<b>Social Security #</b>	The NFT participant's Social Security Number.
<b>NFT Assessment Date:</b>	The date the waiver agent assessed the NFT participant in the nursing facility.
<b>Phone Number:</b>	Phone number where the transitionee can be reached so a Quality of Life survey can be scheduled while the individual is still in the nursing facility.
<b>Interpreter or translation services?</b>	Indicate whether the transitionee needs interpreter or translation services. If yes, indicate which and if translation services are needed, please indicate the language the individual speaks.
<b><u>Nursing Facility Information:</u></b>	
<b>Name</b>	The name of the nursing facility in which the NFT participant currently resides.
<b>City &amp; State</b>	The city and State of the nursing facility in which the NFT participant currently resides.
<b>Admission Date</b>	The date the NFT participant was admitted to the current nursing facility
<b>Prior admission?</b>	Check "yes" if the participant has been in the nursing facility for less than six months AND was hospitalized or in a different nursing facility immediately prior to this admission. Otherwise, check "no".
<b>Previous Facility</b>	If the box above is checked "yes" enter the date of the admission immediately prior to the current nursing facility admission.

Each NFT notice must be accompanied by a copy of the Nursing Facility Admission Notice to verify nursing facility admission dates. MDCH will not authorize payment for claims on a "CMP Funded Nursing Facility Transition Services Expenditure Report" or additional waiver slots without prior receipt and approval of a NFT Notice.

Nursing Facility Transition Program  
400 South Pine Street, P.O. Box 30479  
Lansing, MI 48909-7979  
(517) 373-9532

## **NURSING FACILITY TRANSITION NOTICE**

*(Submit as soon as a nursing facility resident decides to work with a waiver or CIL transition agent to transition to the community.)*

<b>Transition Agent Information</b>	
Agency (Name & city):	Today's Date:
Contact's Name:	
Contact's Phone:	Contact's Email:

<b>Transitionee Information</b>	
Last Name:	First Name:
Date of Birth:	Medicaid I.D. #:
Social Security #:	NFT Assessment Date:
Phone number where transitionee can be reached:	
Does the transitionee need interpreter or translation services? If yes, please describe.	

<b>Nursing Facility Information</b>	
Name:	City & State
Date of nursing facility admission: (attach facility admission notice)	
If the transitionee has been in the nursing facility for less than six months, was he or she admitted to the nursing facility from a hospital or other nursing facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, date of hospitalization or admission to previous facility:	
AUTHORITY: None COMPLETION: Is voluntary, but this information is required for transition services.	The Department of Community Health is an equal opportunity employer, services, and programs provider.